

APPLICATION FOR FEDERAL ASSISTANCE  
**SF-424 R&R Multi-Project Cover**

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov  
Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department:

Division:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Position/Title:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

ZIP / Postal Code:

Phone Number:

Fax Number:

Email:

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. TYPE OF APPLICANT: Please select one of the following

Other (Specify):

Small Business Organization Type

☐ Women Owned

☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

Is this application being submitted to other agencies? Yes ☐ No ☐ What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

Start Date

Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

## 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>				
Organization Name:	<input type="text"/>				
Department:	<input type="text"/>	Division:	<input type="text"/>		
Street1:	<input type="text"/>				
Street2:	<input type="text"/>				
City:	<input type="text"/>	County / Parish:	<input type="text"/>		
State:	<input type="text"/>			Province:	<input type="text"/>
Country:	<input type="text"/>			ZIP / Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>		
Email:	<input type="text"/>				

## 15. ESTIMATED PROJECT FUNDING

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Total Federal Funds Requested	<input type="text"/>
b. Total Non-Federal Funds	<input type="text"/>
c. Total Federal & Non-Federal Funds	<input type="text"/>
d. Estimated Program Income	<input type="text"/>

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

## 19. Authorized Representative

Prefix:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>				
Organization Name:	<input type="text"/>				
Department:	<input type="text"/>	Division:	<input type="text"/>		
Street1:	<input type="text"/>				
Street2:	<input type="text"/>				
City:	<input type="text"/>	County / Parish:	<input type="text"/>		
State:	<input type="text"/>			Province:	<input type="text"/>
Country:	<input type="text"/>			ZIP / Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>		
Email:	<input type="text"/>				

Signature of Authorized Representative

Date Signed

## 20. Pre-application

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

## 21. Cover Letter Attachment

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)